



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (2/00)  
Approved for use through 10/31/02. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/940539
Filing Date	8/29/01
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	08215-467001

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Mandatory withdrawal due to my employment by the United States Patent and Trademark Office beginning April 1, 2007.

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number  → 

Place Customer Number  
Bar Code Label here

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

This request is enclosed in triplicate.

Name	Scott R. Boalick
Signature	
Date	March 30, 2007

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.